



WILLIE WILSON  
FOR PRESIDENT

RECEIVED  
FEC MAIL CENTER  
2016 APR 25 AM 10:43

April 12, 2016

FEDERAL ELECTION COMMISSION

999 E Street, NW

Washington, DC 20463

Attn: Vickie Davis

Re: Willie Wilson 2016 Committee ID-C00577916

Dear Ms. Davis,

Please accept this letter as confirmation that I, Dr. Willie Wilson, forgive <sup>\*</sup>ALL loans made to the Willie Wilson 2016 Presidential campaign. You may disregard any loans that appear on the reports. I have also attached a copy of my final termination report.

Feel free to contact Ringold Financial at 312-566-9705 with any questions on the report.

Sincerely,

Dr. Willie Wilson

<sup>\*</sup> Please also be advised that \$10,000.00 was reimbursed to me in April 2016 and that is the only payment toward the loans given. All other balances remain forgiven. See the attached list if items paid from the \$15,956.54 cash on hand at the end of March 2016.

# FEC FORM 3P

## REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED  
FEC MAIL CENTER  
2016 APR 25 AM 10:43

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

Willie Wilson 2016

ADDRESS (number and street))

345 E. Wacker Unit 4601



Check if different  
than previously  
reported. (ACC)

Chicago

CITY

IL

STATE

60601

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00577916

3. THIS REPORT IS FOR Primary ☒ or General ☐

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER) ☒

## Quarterly Reports:



April 15 (Q1)



October 15 (Q3)



July 15 (Q2)



January 31 Year-End Report (YE)

## Monthly Reports:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)



Thirtieth day report following the General Election

on M M / D D / Y Y Y Y Y Y



Twelfth day report preceding election

on M M / D D / Y Y Y Y Y Y in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

through

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Andre Fair

Signature of Treasurer

Andre Fair

Date

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

2016-04-25-00071240

Write or Type Committee Name

**Willie Wilson 2016**

Report Covering the Period:

From:

MM / DD / YYYY  
03 / 01 / 2016

To:

MM / DD / YYYY  
03 / 31 / 2016**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	8803.84
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	62188.70
8. SUBTOTAL (Lines 6 and 7) .....	70992.54
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	55036.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8) .....	15956.54
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	1055100.00
13. EXPENDITURES SUBJECT TO LIMITATION .....	1041183.71

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	35390.25
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	1041183.71

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3P (Rev. 03/2011)

PAGE 3 / 44

NAME OF COMMITTEE (in Full)

Willie Wilson 2016

Report Covering the Period:

From:

MM / DD / YYYY  
03 / 01 / 2016

To:

MM / DD / YYYY  
03 / 31 / 2016

MM / DD / YYYY  
03 / 31 / 2016

MM / DD / YYYY  
03 / 31 / 2016

## **I. RECEIPTS**

### **COLUMN A** Total This Period

### **COLUMN B** Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P).....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	1983.00	28685.00
(ii) unitemized .....	348.25	6705.25
(iii) Total contributions .....	2331.25	35390.25
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	2331.25	35390.25
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate.....	50000.00	1055100.00
(b) Other Loans.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	50000.00	1055100.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	9857.45	9931.40
(b) Fundraising.....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	9857.45	9931.40
21. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	62188.70	1100421.65

# **DETAILED SUMMARY PAGE** of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Willie Wilson 2016

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	6		

**II. DISBURSEMENTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

23. OPERATING EXPENDITURES.....	55036.00	1051115.11
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	0.00	0.00
29. OTHER DISBURSEMENTS .....	0.00	33350.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	55036.00	1084465.11

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

 31. ITEMS ON HAND TO BE LIQUIDATED  
(Attach List) .....

0.00

20160425 000122

FEC FORM 3P,  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00577916

Willie Wilson 2016

ADDRESS (number and street) 345 E. Wacker Unit 4601

Chicago

CITY

IL

STATE

60601

ZIP CODE

3. NAME OF CANDIDATE

## ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

2016-04-25-0300071244

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

2016-04-25 03:00:12:55

## STATE

## ALLOCATION This Period

## TOTAL ALLOCATION To Date

Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

NO-10-04-2010-0001-246

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 44

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Willie Wilson 2016

## **A. Full Name (Last, First, Middle Initial)**

Rev. Joseph L. Henry

Mailing Address 2021 W. 171st Street

City State Zip Code  
Hazel Crest IL 60489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : A515D1DDB28CC45A5AF8

Date of Receipt

MM / DD / YYYY  
03 / 01 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

## **B. Full Name (Last, First, Middle Initial)**

Gary Partee

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Transaction ID : AABC5B73588294359A9A

Date of Receipt

MM / DD / YYYY  
03 / 01 / 2016

Amount of Each Receipt this Period

200.00

☐ Memo Item

## **C. Full Name (Last, First, Middle Initial)**

Diann Williams Baker

Mailing Address 1936 S. 12th Ave

City State Zip Code  
Maywood IL 60153-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Omar Medical Supplies

Occupation  
Sales

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

Transaction ID : A8E0583A136F048D5930

Date of Receipt

MM / DD / YYYY  
03 / 05 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

250.00

Total This Period (last page this line number only) .....

**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 44

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Willie Wilson 2016**

**A. Full Name (Last, First, Middle Initial)**  
**Janette Wilson**

Mailing Address 3810 Streamwood

City	State	Zip Code
Hazel Crest	IL	60429-2454

FEC ID number of contributing  
federal political committee.

☐ C

Name of Employer  
Cook County Government

Occupation  
Admin Analyst

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : A84874B5F48E04E60B92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**Andre Harrison**

Mailing Address 5839 Woodgate Dr

City	State	Zip Code
Matteson	IL	60443-1140

FEC ID number of contributing  
federal political committee.

☐ C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : A296B45080B28468DB0A

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**Rev. Joseph L. Henry**

Mailing Address 2021 W. 171st Street

City	State	Zip Code
Hazel Crest	IL	60489

FEC ID number of contributing  
federal political committee.

☐ C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Transaction ID : A21E0CEE53EAE463B9F9

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

625.00

Total This Period (last page this line number only).....

**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 44

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Willie Wilson 2016**

**A. Full Name (Last, First, Middle Initial)**  
**Diann Williams Baker**

Mailing Address 1936 S. 12th Ave

City	State	Zip Code
Maywood	IL	60153-3120

FEC ID number of contributing  
federal political committee.

☐ C ☐

Name of Employer  
Omar Medical Supplies

Occupation  
Sales

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
☐ 978.00

Transaction ID : A4495D6326B4E4B9AB9E

Date of Receipt

☐ M ☐ M ☐ / ☐ D ☐ D ☐ / ☐ Y ☐ Y ☐ Y ☐ Y  
03 07 2016

Amount of Each Receipt this Period

☐ 608.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**  
**Michael Thompson**

Mailing Address 4 Bridget CT

City	State	Zip Code
Burr Ridge	IL	60527-7945

FEC ID number of contributing  
federal political committee.

☐ C ☐

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
☐ 500.00

Transaction ID : A383E13F15E8C449EB10

Date of Receipt

☐ M ☐ M ☐ / ☐ D ☐ D ☐ / ☐ Y ☐ Y ☐ Y ☐ Y  
03 12 2016

Amount of Each Receipt this Period

☐ 500.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

☐ C ☐

Name of Employer

Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
☐

Date of Receipt

☐ M ☐ M ☐ / ☐ D ☐ D ☐ / ☐ Y ☐ Y ☐ Y ☐ Y

Amount of Each Receipt this Period

☐

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

☐ 1108.00

Total This Period (last page this line number only) .....

☐ 1983.00

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 44

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

A. Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

Mailing Address 345 E. Wacker Unit 4601

City	State	Zip Code
Chicago	IL	60601-5275

FEC ID number of contributing federal political committee. C P60007515

Name of Employer	Occupation
Omar Medical Supplies	Owner

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1055100.00

Transaction ID : AC9AC7369E8374F2BAAE

Date of Receipt

M - M / D - D / Y - Y - Y - Y  
 03 14 2016

Loan

Amount of Each Receipt this Period

50000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
------------------	------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M - M / D - D / Y - Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
------------------	------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M - M / D - D / Y - Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional)

50000.00

Total This Period (last page this line number only)

50000.00

2016-04-25 00:00:11



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 44

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

## **A. Paypal**

Mailing Address 2221 North First Street

City State Zip Code  
San Jose CA 95131-2021

Purpose of Disbursement  
fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	01	2016

Transaction ID : BC3E17E575A574419BD1

Amount of Each Disbursement this Period

1.03
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Faith Based Communication Inc**

Mailing Address 2250 S 14th Avenue

City State Zip Code  
Broadview IL 60155-4002

Purpose of Disbursement  
Media

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	01	2016

Transaction ID : B0656510A2DB1464EB35

Amount of Each Disbursement this Period

10000.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Paypal**

Mailing Address 2221 North First Street

City State Zip Code  
San Jose CA 95131-2021

Purpose of Disbursement  
fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	01	2016

Transaction ID : BF5195C8170194A7096D

Amount of Each Disbursement this Period

0.45
------

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

10001.48
----------

Total This Period (last page this line number only).....

--

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 44

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Rickey Hendon

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 01 / 2016

Mailing Address 2800 W. Washington Unit 202

Transaction ID : B36EDA6DD94464AD4A45

City State Zip Code  
Chicago IL 60612-1940

Purpose of Disbursement  
Consulting

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

6000.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Terrell Wilson

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 01 / 2016

Mailing Address 123 Lester Road

Transaction ID : B80F8D3C35CED4877B45

City State Zip Code  
Park Forest IL 60466-2011

Purpose of Disbursement  
Consulting

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1018.36

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Betty Jones

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 01 / 2016

Mailing Address 301 West Marquette Road

Transaction ID : B2281A0BC79FF4A44953

Apt# 107

City State Zip Code  
Chicago IL 60621-3891

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

400.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Subtotal Of Receipts This Page (optional)..... 7418.36

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Terrell Wilson

Mailing Address 123 Lester Road

City

Park Forest

State

IL

Zip Code

60466-2011

Purpose of Disbursement  
Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 02 / 2016

Transaction ID : B1E4A343010C8472D93F

Amount of Each Disbursement this Period

1300.32

☐ Memo Item

B. Louis Young

Mailing Address 530 Piedmont  
Suite#114

City

Atlanta

State

GA

Zip Code

30308-4404

Purpose of Disbursement  
Convention space

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 02 / 2016

Transaction ID : BA4827F604D2E439EB3E

Amount of Each Disbursement this Period

850.00

☐ Memo Item

c. Gossip Genie, LLC

Mailing Address 1546 N. Orleans #1006

City

Chicago

State

IL

Zip Code

60610-2490

Purpose of Disbursement  
Consulting: Advertising & PR

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 02 / 2016

Transaction ID : BC042A51C14E842B4A39

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

4150.32

Total This Period (last page this line number only).....

2016-04-25 PM 00:07:12

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

## **A. Ringold Financial Management Services**

Mailing Address 850 S. Wabash #320

City State Zip Code  
Chicago IL 60605-3642

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2016

Transaction ID : BCFB4B772E77A47D2B20

Amount of Each Disbursement this Period

2600.00

☐ Memo Item

## **B. Authorize.Net (Utah)**

Mailing Address P.O. Box 947

City State Zip Code  
American Fork UT 84003-0947

Purpose of Disbursement  
Payment Processing Fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Transaction ID : B378DC8FE1DC0467F82C

Amount of Each Disbursement this Period

25.00

☐ Memo Item

## **C. Metro Monitor**

Mailing Address 612 37th Street South

City State Zip Code  
Birmingham AL 35222-3204

Purpose of Disbursement  
TV News Monitoring Fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2016

Transaction ID : B4E3BD5451AA74321901

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

2975.00

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

A. Dawn Hendon

Mailing Address 901 Lake

Date of Disbursement

M M / D D / Y Y Y Y  
03 04 2016

City State Zip Code  
Oak Park IL 60303-1000

Transaction ID : B3D6FD4AE4B99498285A

Purpose of Disbursement  
Consulting

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Kashia Johnson

Mailing Address 3327 W. Beltline

Date of Disbursement

M M / D D / Y Y Y Y  
03 04 2016

City State Zip Code  
Columbia SC 29204

Transaction ID : BEE8012599C94453E857

Purpose of Disbursement  
Media

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

c. Terrell Wilson

Mailing Address 123 Lester Road

Date of Disbursement

M M / D D / Y Y Y Y  
03 04 2016

City State Zip Code  
Park Forest IL 60466-2011

Transaction ID : B1C6DB9560F4F4CA38D5

Purpose of Disbursement  
Consulting

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1302.41

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Subtotal Of Receipts This Page (optional).....

2802.41

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

## **A. Morris Consulting**

Mailing Address 9249 S. Cicero #539

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 04 / 2016

City State Zip Code  
Oak Lawn IL 60454-4924

Transaction ID : BE4FB094DED4246F1B71

Purpose of Disbursement  
Consulting Fees

Amount of Each Disbursement this Period

1500.00

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

## **B. WFLD WPWR**

Mailing Address 205 N. Michigan Ave.

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 04 / 2016

City State Zip Code  
Chicago IL 60601-5927

Transaction ID : B09E95501511D4123B28

Purpose of Disbursement  
Media

Amount of Each Disbursement this Period

7029.50

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

## **c. Paypal**

Mailing Address 2221 North First Street

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 05 / 2016

City State Zip Code  
San Jose CA 95131-2021

Transaction ID : B4253724B4F6A4F0A9B5

Purpose of Disbursement  
fees

Amount of Each Disbursement this Period

1.03

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Subtotal Of Receipts This Page (optional).....

8530.53

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

## **A. First Community Financial Bank**

Mailing Address 14150 U.S. 30

City State Zip Code  
Plainfield IL 60544

Purpose of Disbursement  
Paid item fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 07 / 2016

Transaction ID : B177797B5B92348FC9D6

Amount of Each Disbursement this Period

64.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. First Community Financial Bank**

Mailing Address 14150 U.S. 30

City State Zip Code  
Plainfield IL 60544

Purpose of Disbursement  
Overdraft fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 07 / 2016

Transaction ID : BB5C0AB8959324D6A94C

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **c. Paypal**

Mailing Address 2221 North First Street

City State Zip Code  
San Jose CA 95131-2021

Purpose of Disbursement  
fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 07 / 2016

Transaction ID : BC2B8AE5A47254CBBB60

Amount of Each Disbursement this Period

0.59

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

69.59

Total This Period (last page this line number only).....

**SCHEDULE B-P**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

**A. ABC National Sales**

Mailing Address 4100 City Ave

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

City State Zip Code  
Philadelphia PA 19131-1610

Transaction ID : B1F009BC5358F4A9C806

Purpose of Disbursement  
Media

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

7862.50

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Kashia Johnson**

Mailing Address 3327 W. Beltline

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

City State Zip Code  
Columbia SC 29204

Transaction ID : BE25638CB28554588853

Purpose of Disbursement  
Media

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Rickey Hendon**

Mailing Address 2800 W. Washington Unit 202

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

City State Zip Code  
Chicago IL 60612-1940

Transaction ID : BC7E3076E72B2482EBA5

Purpose of Disbursement  
Consulting

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Subtotal Of Receipts This Page (optional).....

14862.50

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

## **A. First Community Financial Bank**

Mailing Address 14150 U.S. 30

City State Zip Code  
Plainfield IL 60544

Purpose of Disbursement  
Charge back fee for 50k check

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : B8FBEEACDD5B450ABAE

Amount of Each Disbursement this Period

5.00

☐ Memo Item

## **B. Morris Consulting**

Mailing Address 9249 S. Cicero #539

City State Zip Code  
Oak Lawn IL 60454-4924

Purpose of Disbursement  
Consulting Fees Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : B6EF30635FB7942C4B88

Amount of Each Disbursement this Period

168.00

☐ Memo Item

## **c. Victory Research**

Mailing Address 140 S. Huron

City State Zip Code  
Westmont IL 60559

Purpose of Disbursement  
Consulting Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : B7CF7F546536B4CA19FF

Amount of Each Disbursement this Period

922.89

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

1095.89

Total This Period (last page this line number only).....

20160314 25:00:1400

**SCHEDULE B-P**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

**A. SPD Press**

Date of Disbursement

Mailing Address 1444 W. 37th Street

MM / DD / YYYY  
03 / 14 / 2016

City State Zip Code  
Chicago IL 60609-2112

Transaction ID : BBC4A60347FBB4B8481A

Purpose of Disbursement  
Advertising

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

55.12

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Paypal**

Date of Disbursement

Mailing Address 2221 North First Street

MM / DD / YYYY  
03 / 14 / 2016

City State Zip Code  
San Jose CA 95131-2021

Transaction ID : B05D1E3A0AC3242FBAAE

Purpose of Disbursement  
fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

14.80

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Morris Consulting**

Date of Disbursement

Mailing Address 9249 S. Cicero #539

MM / DD / YYYY  
03 / 22 / 2016

City State Zip Code  
Oak Lawn IL 60454-4924

Transaction ID : BCC34BA2C9DCB40BD965

Purpose of Disbursement  
Consulting Fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3000.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Subtotal Of Receipts This Page (optional).....

3069.92

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Full Name (Last, First, Middle Initial)

## **A. First Community Financial Bank**

Mailing Address 14150 U.S. 30

City Plainfield State IL Zip Code 60544

Purpose of Disbursement  
Stop payment Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 23 / 2016

Transaction ID : B2317F4D78F7F4E89B58

Amount of Each Disbursement this Period

30.00

☐ Memo Item

## **B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

## **C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

30.00

Total This Period (last page this line number only).....

55006.00

2016-04-25 00:00:11

**SCHEDULE C-P  
LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 24 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C7458D54E6F034E64B03

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2016

Dr. Willie Wilson

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M 02 / D 29 / Y 2016

Date Due

M 02 / D 29 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

25000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CEF8421D60BAE401B8F8

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2016

Dr. Willie Wilson

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M 09 / D 22 / Y 2015

Date Due

M 09 / D 22 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

40000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 26 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C4804906CC4544DB0BB2

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M 01 / D 12 / Y 2016

Date Due

M 01 / D 12 / Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

25000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 27 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CD33FEF167F914A9EA26

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
07 / 06 / 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

20000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C256CAA590DFF4E87827

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M 10 / D 05 / Y 2015

Date Due

M 10 / D 05 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

100000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 29 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C63BD7D6698F14BB3B2B

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

MM / DD / YY  
06 / 22 / 2015

Date Due

MM / DD / YY  
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P  
LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C43B8173ABB0F4FB88AA

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

**TERMS**

Date Incurred

M 12 / D 03 / Y 2015

Date Due

M 12 / D 03 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

150000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 31 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C2F0B174DB0BE4DBBBD1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M 12 / D 29 / Y 2015

Date Due

M 12 / D 29 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P  
LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 32 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C43A35BF5B85C40FC8E1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M 11 / D 10 / Y 2015

Date Due

M 11 / D 16 / Y 2015

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

100000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 33 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C864923645EFE4219A9D

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 30 / 2015

Date Due

M M / D D / Y Y Y Y  
12 / 30 / 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 34 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CDF976F5A83C4417DA53

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

M 09 / D 10 / Y 2015

Date Due

M 09 / D 10 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

30000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 35 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C37B5BB3BACAE43ADBB6

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 14 / 2015

Date Due

M M / D D / Y Y Y Y  
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

100.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016042508071274

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CF0B87667BCBA420D9F0

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M 01 / D 22 / Y 2016

Date Due

M 01 / D 22 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

25000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

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FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CCE33AC88DA49462E8F0

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M 07 / D 21 / Y 2015

Date Due

M 07 / D 21 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

100000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P  
LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 38 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C068C97725DFD4D338E9

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

**TERMS**

Date Incurred

M 01 / D 26 / Y 2016

Date Due

M 01 / D 26 / Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

70000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 39 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CF04F64B43C8D4B44A88

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

**TERMS**

Date Incurred

M 02 / D 17 / Y 2016

Date Due

M 02 / D 17 / Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

70000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 40 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C9E900428BD3D4CD68F9

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M 01 / D 07 / Y 2016

Date Due

M 01 / D 07 / Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

5000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 41 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : C4C671724E38B494C9D5

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

M 10 / D 27 / Y 2015

Date Due

M 10 / D 27 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

20000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P  
LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 42 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CC9AC7369E8374F2BAAE

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2016

Dr. Willie Wilson

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M 03 / D 14 / Y 2016

Date Due

M 03 / D 14 / Y 2017

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P  
LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 43 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CB0C294386C204D94AB8

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M 02 / D 10 / Y 2016

Date Due

M 02 / D 16 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE 44 / 44

FOR LINE NUMBER: ☒ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)  
Willie Wilson 2016

Transaction ID : CD18D69B26195434285D

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Dr. Willie Wilson

☐ Memo Item

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

345 E. Wacker Unit 4601

City

Chicago

State

IL

ZIP Code

60601-5275

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M 08 / D 27 / Y 2015

Date Due

M 08 / D 27 / Y 2016

Interest Rate

300.00

% (apr)

Secured:

☐ Yes

☒ No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional)

25000.00

Total This Period (last page this line number only)

1055100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

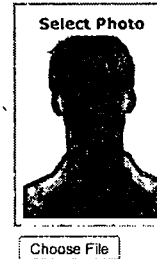
250616-04-25-0300071284

Total	\$ 17,774.00
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## Basic Information

Legislative Office: Capitol  
 Address Name: 345 E. Wacker  
 Line 1:  
 Line 2:  
 Line 3:  
 City: Chicago  
 State / Zip: IL 60601

Phone: 3129254354  
 Fax:  
 Email: wwilson@omarcinc.com  
 Website:  
 Twitter:  
 Facebook:  
 YouTube:



Perform one of the functions by clicking on the links below:

- ☐ Add Receipt
- ☐ Add Disbursement
- ☐ Add Pledge
- ☐ Add Note
- ☐ Log Phone Call
- ☐ Send Email
- ☐ Log Direct Mail
- ☐ Add Appointment
- ☐ Add Task
- Manage Group Memberships
- Add to Outlook (vCard)

## District Information

(Click to Expand/Hide)

## Staff

(Click to Expand/Hide)

## Legislative and Political Committees

(Click to Expand/Hide)

## Constituents &amp; Relationships

(Click to Expand/Hide)

## Personal Information

(Click to Expand/Hide)

## Receipts

(Click to Expand/Hide)

View	Date	Amount	Type	Subtype
	3/14/2016	\$50,000.00	Loan	Made by Candidate
	2/29/2016	\$25,000.00	Loan	Made by Candidate
	2/17/2016	\$70,000.00	Loan	Made by Candidate
	2/10/2016	\$50,000.00	Loan	Made by Candidate
	1/26/2016	\$70,000.00	Loan	Made by Candidate
	1/22/2016	\$25,000.00	Loan	Made by Candidate
	1/12/2016	\$25,000.00	Loan	Made by Candidate
	1/7/2016	\$5,000.00	Loan	Made by Candidate
	12/30/2015	\$50,000.00	Loan	Made by Candidate
	12/29/2015	\$50,000.00	Loan	Made by Candidate
	12/3/2015	\$150,000.00	Loan	Made by Candidate
	11/10/2015	\$100,000.00	Loan	Made by Candidate
	10/27/2015	\$20,000.00	Loan	Made by Candidate
	10/5/2015	\$100,000.00	Loan	Made by Candidate
	9/22/2015	\$40,000.00	Loan	Made by Candidate
	9/10/2015	\$30,000.00	Loan	Made by Candidate
	8/27/2015	\$25,000.00	Loan	Made by Candidate
	7/21/2015	\$100,000.00	Loan	Made by Candidate
	7/6/2015	\$20,000.00	Loan	Made by Candidate
	6/22/2015	\$50,000.00	Loan	Made by Candidate
	5/14/2015	\$100.00	Loan	Made by Candidate

New Receipt

## Pledges

(Click to Expand/Hide)

## Disbursements

(Click to Expand/Hide)

## Activities

(Click to Expand/Hide)

## Notes

(Click to Expand/Hide)

## Groups

(Click to Expand/Hide)

## User Defined Fields

(Click to Expand/Hide)

## Record Statistics

4/29

1,055,100.00  
 - 10,000  
 At April 2016

2016-04-29 10:00 AM

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2016 APR 25 AM 10:43

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• To qualify for the letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less.  
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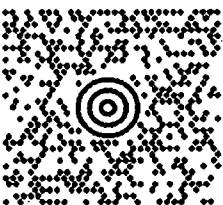

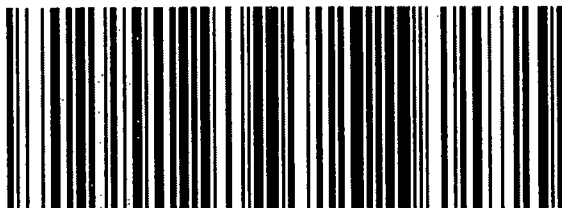

Extremely Urgent

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<b>SHIP TO:</b> VICKIE DAVIS FEDERAL ELECTION COMMISSION 999 E STREET, NW WASHINGTON DC 20463-0001			
	<b>MD 201 9-83</b> 		
<b>UPS NEXT DAY AIR</b>		<b>1</b>	
TRACKING #: 1Z 417 F70 01 9160 6412			
			
BILLING: P/P			
			

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United Parcel Service.



Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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☐ USPS First Class Mail Postmarked Date of Receipt

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark

☒ Overnight Delivery Service (Specify): *UPS* Shipping Date *4/22/16*  
Next Business Day Delivery ☒

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
PREPARED  
(3/2015)

*4/25/16*  
DATE PREPARED

20160425 10:01 AM